



Behavioral Health Issues During Disasters

Louisiana Volunteer Summit
August 12, 2010

Danita LeBlanc, MSW, LCSW
Office of Behavioral Health



DISCLOSURE

- I have no financial interests or other relationship with manufacturers of commercial products, suppliers of commercial services, or commercial supporters. My presentation will not include any discussion of the unlabeled use of a product or a product under investigational use.

Objectives



- Identify some behavioral health issues common in disasters
- Apply some of the identified strategies to assist individuals with behavioral health issues common in disasters

Characteristics & Repercussions of a Disaster

- Every disaster is different.
- Trauma affects individuals and the community.
- Response strategy depends on disaster characteristics.
- A disaster causes disruptions and changes.

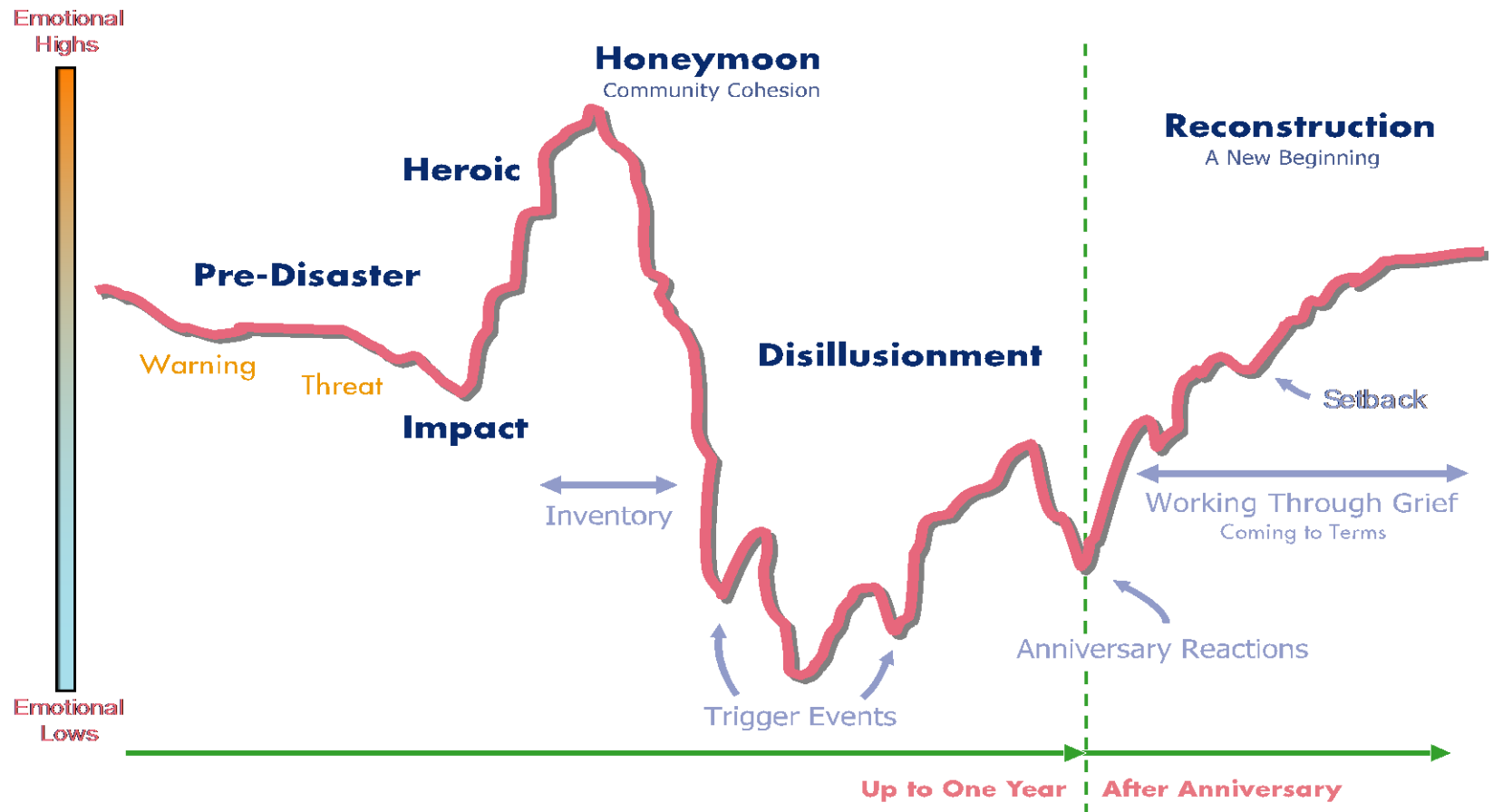


Typical Outcomes of Disaster

- Some will have severe reactions.
- Few will develop diagnosable conditions.
- Most do not seek treatment.
- Survivors often reject help.



Collective Reactions: Typical phases of disaster



Adapted from CMHS, 2000.



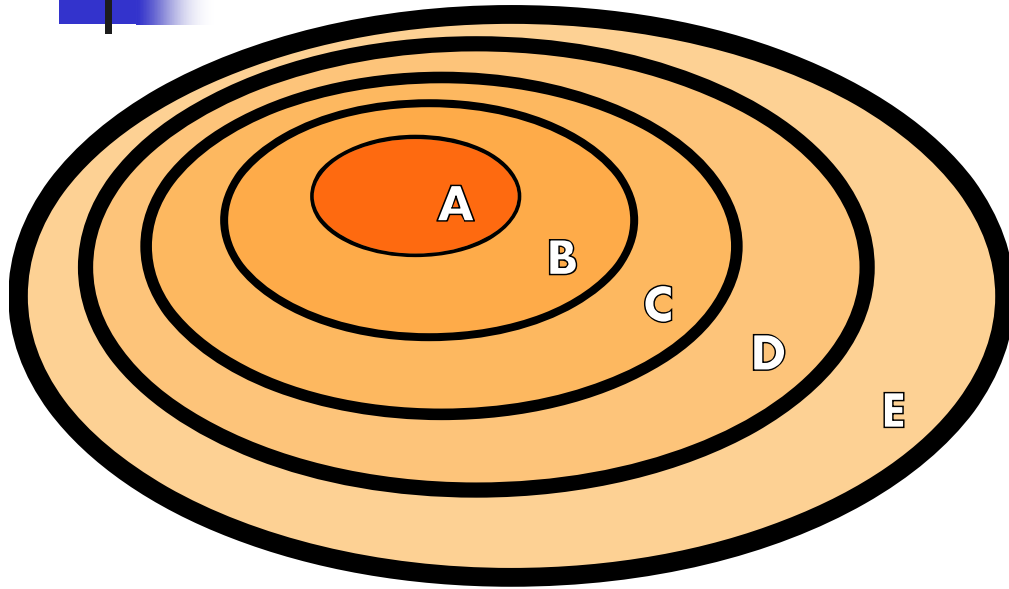
Natural Caused

vs.. Human

-
- Earthquakes, fires, floods, tornados, hurricanes
 - **No one to blame**
 - Beyond human control
 - Advanced warning is possible
 - **Post disaster distress is high & felt mostly by survivors**
- Airplane crashes, chemical leaks, mass violence
 - **People, government, business to blame**
 - Seen as preventable & betrayal
 - No advance warning
 - **Post disaster distress higher & felt by more people not affected**

Who's Impacted:

Risk Factors-Population Exposure Model:



- A. Injured survivors, bereaved family members
- B. Survivors with high exposure to disaster trauma, or evacuated from disaster zones
- C. Bereaved extended family and friends, first responders
- D. People who lost homes, jobs, and possessions; people with pre-existing trauma and dysfunction; at-risk groups; other disaster responders
- E. Affected people from the larger community



Individual Reactions affected by:

- Type of, level of exposure to, and casualties associated with the disaster.
- Pre-existing disaster & trauma experience
- Pre-existing levels of family and social support
- Life situations
- Individual traits & coping styles
- Spiritual beliefs



Spiritual beliefs: influence how people make sense of the world:

Influence how people make sense of the world

- Survivors may seek the comfort that comes from spiritual beliefs.
- Spiritual beliefs will assist some survivors with coping and resilience.
- Survivors may question their beliefs and life structure.

Factors Affecting Resilience

- Presence of perceived control, and hope
- Availability of accurate information
- An effective and caring emergency response





Individual Reactions

- Types of individual reactions:
 - Physical
 - Emotional
 - Cognitive
 - Behavioral



Physical Reactions

- Gastrointestinal problems
- Headaches, aches, and pains
- Weight change
- Sweating or chills
- Tremors or muscle twitching
- Becoming easily startled
- Chronic fatigue or sleep disturbances
- Immune system disorders
- Sexual dysfunction

Positive responses can include alertness.



Emotional Reactions

- Feeling heroic, euphoric, or invulnerable
- Denial
- Anxiety or fear
- Depression
- Guilt
- Apathy
- Grief
- Positive responses can include feeling challenged, involved, needed and pressured to act.

Cognitive Reactions



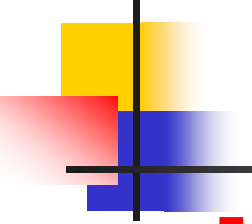
- Disorientation and confusion
- Poor concentration
- Difficulty setting priorities or making decisions
- Loss of objectivity
- Recurring dreams, nightmares, or flashbacks
- Preoccupation with disaster
- Positive responses can include determination and sharper perception.



Behavioral Reactions

- Sleep Changes
- Appetite Changes
- Decreased Concentration
- Increased Forgetfulness
- Increased tobacco, alcohol, substance use
- Clumsiness, increased accidents

Disorders that may result from severe reactions:

- 
-
- Depressive disorders
 - Substance abuse
 - Social isolation
 - Acute stress disorder
 - Anxiety disorders
 - Posttraumatic stress disorder (PTSD)
 - Dissociative disorders
 - Paranoia
 - Suicidal behavior



At-Risk Populations

- Children and youth
- Parents or caregivers with children
- Older adults
- People with prior trauma history
- People with serious mental illnesses
- People with disabilities
- People with a history of substance abuse
- Low-income groups
- Public safety workers (PSWs)
- People with repeated exposure to death & injury (war, terrorisms)



Children and Youth

- Developmental factors:
 - Less developed cognitive skills
 - Limited experience coping with adversity
 - Lack of coping skills for managing stress
 - Limited verbal skills
 - Dependent on adults for resources and psychological support

Children and Youth

- Risk factors:

- Separation from family
- Evacuation and relocation
- Loss of a family member or a close friend
- High levels of parental distress
- Family members at risk (such as first responders)



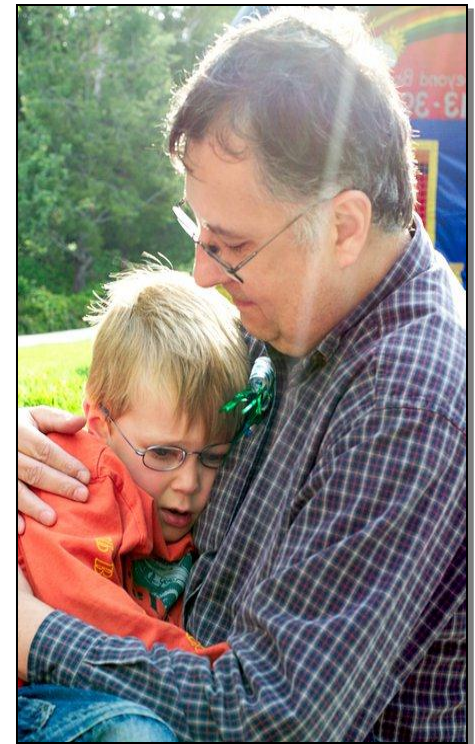


Parents or Caregivers with Children

- Often see disaster stress in their children before seeing it in themselves.
- Often deny help for themselves but accept it for their children.
- Often need to be able to discuss their own disaster feelings.
- It is mandatory to involve parents and caregivers when working with children.
- Consideration should be given to the needs of single parents or caregivers, grandparents, especially single women.

Parents or Caregivers with Children

- How adults can support children:
 - Model calm behaviors.
 - Maintain routines.
 - Limit media exposure.
 - Repeat instructions often.
 - Provide support at bedtime.



Older Adults

- Risk factors:
 - Physical limitations
 - Previous losses
 - Transfer trauma
 - Dependence on medications
 - Disaster-related health risks
 - Reluctance to accept support





People with Prior Trauma History

- Risk factors:

- Feelings of increased vulnerability and decreased trust
- Increased likelihood of re-experiencing the original trauma
- Increased risk for developing posttraumatic stress disorder (PTSD)
- Increased risk of clinical depression or anxiety



People with Serious Mental Illnesses

- Risk factors:

- Disconnection from medication regimens and other essential services
- Tenuous stability prior to disaster
- Vulnerability to sudden changes in environment and routines
- Trauma or other symptoms that may be triggered or worsened by disaster stimuli

People with Serious Mental Illnesses



- Intervention strategies:
 - Have the same basic needs as the general population (e.g., safety, food, shelter, social support). First, ensure that basic needs are met.
 - Connect or reconnect survivors to clinical services, support systems, and medication.
 - Provide disaster mental health training to those who work with survivors who have mental illnesses.
 - Facilitate access to disaster relief, crisis counseling, and traditional mental health services.

Substance Abuse & Disasters



- Destruction of substance abuse treatment infrastructure:
 - Loss of treatment capacity at a time of increased need.
 - Loss of Opioid Treatment Programs creates withdrawal risks.
 - Disruption of treatment and recovery support networks due to massive relocation after catastrophic disasters.



Substance Abuse & Disaster

■ Risk factors:

- Substance use increases after a disaster due to new use, increased use, or relapse.
- Increased substance use may create additional demands on treatment systems.
- Current users are at greatest risk for increased use and abuse.
- Stress and PTSD are known risk factors for substance abuse.
- Co-occurring mental health conditions increases risk for maladaptive use of substances

Public Safety Workers (PSW)

- Are assigned to or have elected to be part of an organized response to a catastrophic event.
- PSWs might include the following:
 - Police
 - Firefighters
 - Paramedics
 - Medical staff
 - Disaster responders
 - Behavioral health & social service responders
 - Voluntary Organizations Responding to Disaster
 - Medical examiner/Coroner's office staff





PSWs Intervention Strategies

- Enlist PSWs as cultural brokers
- Partner with organizations that serve PSWs.
- Understand that each PSW culture is distinct.
- Understand the nature of PSW work.
- Recognize that PSWs may be resistant to traditional mental health and substance abuse services.
- Adjust services to PSWs' demanding work schedules.



Low-Income Groups

- Risk factors:

- Have fewer resources
- Have greater preexisting vulnerability
- Can have weaker support systems
- May be unable to relocate
- May have to spend more time in shelters
- May be more resilient to stress due to having highly developed coping skills



Staff Vulnerable to Stress

- Cumulative stress from repeatedly hearing survivors' stories.
- Chronic stress from approaching strangers whose responses to the offer of help cannot be anticipated.
- Feeling overwhelmed by the depth of others' grief and sadness.
- Working long hours in difficult environments.
- Inadequate or inexperienced management and leadership.
- Level of exposure to the disaster.

Organizational Stress Management



- Facilitate a culture of self/other care
- “Go home”
- Buddy system
- Rotate staff duties
- Repeat clearly & often: purpose, goals, scope, and limits of the program



Groups with Special Needs

- Ethnic and cultural groups
- Parents with dependent children
- Bereaved spouses or partners
- Economically disadvantaged groups
- Socially disadvantaged groups
- First responders/disaster response personnel



Children's Typical Responses

- Fear and anxiety
- “Childish” or regressive behavior
- Difficulty sleeping
- Physical reactions
- “Trigger” responses
- Difficulty concentrating or thinking



Reactions Related to Age Groups

- Birth to 2 years
 - Irritability, crying, clingy or passive behavior
- Pre-school, 2-6 years
 - Intense fear or insecurity
 - Play activities may involve aspects of the event
 - Re-enactment of the event over and over



Reactions Related to Age Groups

- School age, 6-10 years
 - Fear/Anxiety
 - Guilt
 - Feelings of failure
 - Anger
 - Fantasies of playing rescuer
 - Intensely preoccupied with the event
 - Taking care of parents/'Super-good'
 - Acting out at school



Reactions Related to Age Group

- Pre-adolescence to adolescence, 11-18 years
 - Responses resemble adult reactions
 - Irritability, rejection of rules and aggressive behavior
 - Dangerous, risk-taking behavior
 - Fearful, anxious
 - Depressed
 - May contemplate or attempt suicide



Helping a Child

- Help by helping the parents
- Limit media exposure
- Keep familiar **routines**
- Pamper and care
- Talk about what happened (as appropriate)
- Find opportunities for children to participate in decision-making



Older Persons

- Especially vulnerable when:
 - Having co-occurring medical problems
 - Having ambulation difficulties
 - Living alone
 - Lacking help and other resources
 - Having to face the shock of losing all that they had attained in life
 - Home
 - Family
 - Security



Older People's Typical Reactions

- Increased memories of past
- Wish to connect with past friends
- Increased dependence on family, refusing assistance from authorities
- Fear of mortality
- Negative view of the future
- Regression



Older People's Typical Reactions

- Feeling of multiple losses
- Disoriented as routine is interrupted
- Use of denial as a normal defensive reaction
- Immediate fear response, followed by anger and frustration
- Concentration and communication difficulties
- Physiological responses



Helping Older People

- Ensure safety
- Give factual information
- Reassure by providing information about normal reactions
- Be supportive and build confidence
- Identify secure attachments and relationships
- Talk about the event
- Be aware of cultural backgrounds



Helping Older People

- Facilitate access to aid and support services
- Ensure that they are not isolated
- Establish routine
- Provide opportunities for continuity, culture and history
- Help them to maintain their sense of community and preserve cohesion



Persons with Disabilities:

Physical or Mental Illness, Substance Abuse,
Developmental

- May need assistance in negotiating the “second disaster”, applying for assistance from aid agencies
- May need some accommodations within shelters
- May need assistance in replacing lost prescriptions
- Link up with existing resources for their disabilities



Use Psychological First Aid Techniques to:

- Establish safety and security
- Connect to helpful resources
- Reduce stress-related reactions
- Foster short- and long-term coping
- Enhance natural abilities to recover



Psychological First Aid

■ Preparing

- Contact & Engagement
- Safety & Comfort
- Stabilization
- Information Gathering: Needs/Concerns
- Practical Assistance
- Connections with Social Supports
- Information on Coping
- Linking with Resources



PFA: Contact & Engagement

- Establish a connection with the survivor in a non-intrusive and compassionate manner
 - Introduce yourself
 - Who you are/what you do
 - Ask about immediate needs



Use Yourself as Tool

- Volume: Speak lower
- Pace: Speak slower
- Tone: Calm, Soothing
- Convey that you understand
- “Fake it ‘til you make it” (Calm)
- Silence is a technique
- Help make ‘molehills’ out of the ‘mountain’ of overwhelming feelings
 - Help connect feelings to thoughts



Active Listening

- Emphasizes that we are attending
- Improves communication
- Shows empathy
- Reflects what the other person is saying/doing
- Does NOT offer advice
- Doesn't ignore or deny the speaker's feelings
- Doesn't tell people how they should feel or think



PFA: Safety & Comfort

- Ensure immediate physical safety
- Protect from additional trauma
- Offer physical and social comforts
- Provide information about the disaster
- Consider cultural norms when helping survivors deal with grief and loss
- Listen carefully with compassion



PFA: Stabilization

- Recognize signs that the survivor may need stabilization:
 - *Glossy-eyed; unresponsive; disoriented; frantic; exhibits uncontrollable behavior*
- Implement steps towards stabilization:
 - *Remain calm, quiet and present; offer support to help survivor manage feelings and thoughts; help the survivor to focus on calming techniques; get medical assistance when situation is secure*

When People are in Distress:



- Volume: Louder
- Pace: Faster
- Tone: Belligerent, hostile
- Cursing, Crying (especially for women)
- Feelings/Physical Sensations tend to be all jumbled inside
- Pacing, hand wringing, 'falling out'
- Thoughts frequently involve some type of expectation not being met
 - "Should have", "Shouldn't have"



PFA: Information Gathering: Current Needs & Concerns

- Identify immediate needs and concerns
 - Tangible Aid
 - Emotional Behavioral Support
- Clarify disaster-related experiences (follow the lead of the survivor in discussing the event)



Tips on Getting Information

- Explain why you want the information

I'd like to get some basic information from you so that I can help you better.

- Closed questions for facts
- Open questions for expressing feelings
- Transition from feelings to facts by
acknowledging feelings, connecting it to event
or a thought and then asking closed ended
question



Tips on Getting Information

- Avoid phrases like “Can you tell me...” or “Would you tell me...”
 - These types of phrases can be answered “no” and often makes your job harder.
- Be careful with “Why questions”
 - These questions can often sound judgmental.
- Ask one question at a time and avoid double questions (e.g. Were you feeling tired or were you just trying to get out of the situation?).



PGA: Practical Assistance

- Offer practical help to survivors in addressing immediate needs and concerns
- Help survivor set achievable goals to reverse feelings of inability to cope, and to help re-establish a sense of control over his/her environment



PFA: Connections with Social Supports

- Enhance access to primary support persons (family and significant others)
- Encourage use of immediately available support persons
- Discuss support-seeking and giving
- Special considerations for children and adolescents



PFA: Information On Coping

- Provide simple information about stress reactions and coping techniques to reduce distress and promote ability to function
- Discuss potential impact of trauma, loss and change reminders; identify ways to cope with reminders



MANAGING YOUR STRESS

TAKING CARE OF OURSELVES:

- You WILL be impacted by being exposed to very stressful events during a disaster.
- Build self care into your work
- How you coped in past events may indicate how you cope again.



Self-care

- Give yourself (& each other) permission to take time just for you.
- Buddy system
- Take time to eat and drink – ‘graze’ if necessary
- Take a brisk walk outside
- BREATHE deep slow breaths
- Notice beauty, positives, gratitude.
- Other?



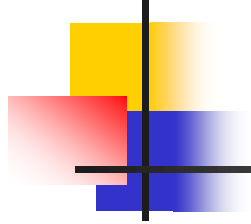
General Helpful responses

- *"These are normal reactions to a disaster"*
- *"It's understandable you feel this way"*
- *"You are not going crazy"*
- *"It was not your fault; you did the best you could"*
- *"Things may never be the same, but they will get better and you will feel better"*



Un-helpful or Hurtful Responses

- *"I know just how you feel"*
- *"It could have been worse"*
- *"You can always get another pet, car, house, job, etc."*
- *"It's best if you just stay busy"*
- *"You need to get on with your life"*
- *"It's God's will."*



"Just because you have experienced a disaster does not mean you will be damaged by it, but you will be changed by it"

(Weaver, 1995)

Resilience

Resilience is an ability to recover from or adjust easily to misfortune or change.

Merriam-Webster Online Dictionary

